TC 95-201 Rev. 2/99

## KENTUCKY TRANSPORTATION CABINET **Division of Motor Carriers** Post Office Box 2007 Frankfort, Kentucky 40602

(502) 564-4540

LICENSE#	
BOND#	

## KENTUCKY HIGHWAY USE BOND

No license shall be issued on any application until a bond is posted equal to \$1,000 or four months' tax liability, whichever is greater, not to exceed \$50,000 (see

KRS 138.655 through 138.725).				
KNOW ALL MEN BY THESE PRESENTS, That	we		of	
		Name of User-Principal		
Mailing Address	City	, State of _		
, as principal, and			of	
Telephone Number		Name of Surety		
		, as suret	y, are held and firmly bound	
Address of Su unto the Commonwealth of Kentucky in the sum		dollars for the promi	ot filing of all reports and the	
payment of all taxes, well and truly to be made, varieties.	we bind ourselves, our heirs	s, administrators and ass	igns firmly by these	
The Condition of this obligation is such that wher Commonwealth of Kentucky, and as such user very penalties, and interest as provided by KRS 138.6 upon users of highways. This obligation includes such use will be paid by this principal and guarar and files regular reports. Upon the failure of the taxes for and on behalf of the user-principal.	will become obligated to the 655 through 138.725, which s the use of any vehicle by a nteed by this surety unless s	Commonwealth of Ken impose certain duties, of a lessee of this principal, such lessee holds a licer	tucky for the payment of tax, bligations, and liabilities and the tax due because of ase from this Department	
NOW THEREFORE, If said			shall well and truly pay	
and account to the Commonwealth of Kentucky,	Name of User-Principal			
make such quarterly reports as are required by I shall keep and preserve open for inspection by t and shall fully and faithfully comply with the term be void, otherwise to remain in full force and effenotice to the Department and Principal given by IN WITNESS WHEREOF, we have hereunto set 19	the Department such record ns of the law and the regula ect. Provided, however, this registered mail sixty (60) da	ds, papers, and files as the tion issued pursuant the shond can be terminated by sin advance.	ne Department may require, reto, then this obligation sha d by the surety upon written	
Attest:				
Attest:		Ву	Principal	
Allest.		Owi	ner or President	
ADDRESS OF SURETY FOR FILING CLAIMS			Secretary	
			Secretary	
Please complete if address shown for surety at right is not t same address where claims should be filed:	ine		Surety	
		Ву		
Street or P.O. Box Address				
officer of P.O. Box / Idahesis		Street	or P.O. Box Address	
City		Street	or r.c. box Address	
Only			City	
State Zip C	Code	State	Zip Code	
4,				
Attest:			Telephone	
For Surety		Kentucky Reside	nt Agent of Surety Company	
Attest:			- , , , , , , , , , , , , , , , , , , ,	
For Ky. Resident Agent			Address	